

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

7961-63-030611  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED AUG 15 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **St. Louis**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **City Hospital**

Inside Limits

Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY

OR

TOWN **St. Louis**

Inside Limits

Yes ☐ No ☐

d. STREET  
ADDRESS

(If outside, give location)

**4220a Gibson Ave.**

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

First

Middle

Last

**FRANK**

**VON OEHSSEN**

4. DATE

Month

Day

Year

OF

DEATH

**Aug.**

**2**

**1963**

## 5. SEX

**Male**

## 6. COLOR OR RACE

**White**

## 7. Married

☒

Never Married ☐

Widowed ☐

Divorced ☐

## 8. DATE OF BIRTH

**3-8-1896**

## 9. AGE (last birthday)

**67**

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Baker (Retired) White Baking Co.**

## 10b. KIND OF BUSINESS OR INDUSTRY

**St. Louis, Mo.**

## 11. BIRTHPLACE (City and state or country)

**U.S.A.**

## 13a. FATHER'S NAME

**August Von Oehsen**

## 13b. MOTHER'S MAIDEN NAME

**Mary Buehler**

## 14. NAME OF HUSBAND OR WIFE

**Mildred A. VonOehsen**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

**Yes**

**World War I**

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

**Mildred VonOehsen 4220a Gibson Ave.**

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

**Chronic Brain Syndrome.  
Generalized Arterio Sclerosis  
450.0**

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## 20b. SUICIDE

☐

## 20c. HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

Death occurred at

to

and last saw her alive on

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

## 23b. DATE

**Aug. 7, 1963**

## 23c. NAME OF CEMETERY OR CREMATORY

**Memorial Park Cemetery**

## 23d. LOCATION (City, town, or county)

**St. Louis Co. Mo.**

## 24. FUNERAL DIRECTOR

ADDRESS

**Kriegshauser 4228 S. Kingshighway Blvd.**

## 25. DATE RECD. BY LOCAL REG.

**AUG 5 1963**

## 26. REGISTRAR'S SIGNATURE

**Loan Smith M.D.**

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed R.W. Storrance

Licensed Embalmer No. 4007

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.